

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. LC-052956
2. NAME OF OPERATOR Union Texas Petroleum Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1300 Wilco Building, Midland, Texas 79701	7. UNIT AGREEMENT NAME Langlie Jal Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1000' FNL & 660' FWL, Sec 4, T-25-S, R-37-E	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 105
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3239 G.L.	10. FIELD AND POOL, OR WILDCAT Langlie Mattix (Queen)
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec 4, T-25-S, R-37-E
	12. COUNTY OR PARISH Lea
	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Drilling new well</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

1-11-84 Drilled FC & cmt to 3680'. Tested 5-1/2" csg to 500 psi. Tested good. Ran GR/C Log. Perforated 5-1/2" csg w/2 SPF w/4" gun 3306-3641' at select intervals.

1-12-84 A/perfs w/500 gals 7-1/2% HCL NEFE. F/perfs w/30,000 gal XL 7-1/2% Acid & 54,000# 20-40 sd w/600 SCF N<sub>2</sub>/bbl.

1-13-84 Circulated out fill 3550' to 3580'.

1-14-84 Circulated out hole to 3680'. Ran in hole w/2-3/8" tbg. equipped w/MA, PN, SN & TA. Set SN at 3494'. Ran in hole w/rods and 2" X 1-1/2" X 16' pump. RDMOSU.

1-24-84 Initial potential pumped 124 BO + 1 BW + 37 MCFGPD.

RECEIVED  
JAN 31 10 31 AM '84  
BUREAU OF LAND MANAGEMENT  
ROSEBUD DISTRICT

18. I hereby certify that the foregoing is true and correct

SIGNED <u>Peter W. Chester</u>	TITLE <u>Production Services Super.</u>	DATE <u>1-16-84</u>
(This space for Federal or State office use) PETER W. CHESTER		
APPROVED BY <u>LEB 393</u>	TITLE <u>1984</u>	DATE <u>1-16-84</u>
CONDITIONS OF APPROVAL		

RECEIVED  
MAR 2 1984  
O.C.D.  
HOBBS OFFICE